

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR HOUSE CBRF (0009384)

Address: 3704 HUMMINGBIRD WAY, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096839 **End Date:** 04/04/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009535 Served 05/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK		
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION		
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(a)	SUPERVISION		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		

Survey ID: 0096475 **End Date:** 02/01/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009507 Served 03/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS		

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Survey ID: 0095681 End Date: 09/19/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009463 Served 10/13/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION		
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0094911 End Date: 05/09/2005 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009403 Served 05/26/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	02/01/2006	Yes

Survey ID: 0093386 End Date: 09/15/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009332 Served 10/06/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(4)	FINAL ACCOUNTING	09/01/2005	Yes

Survey ID: 0093052 End Date: 07/23/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009310 Served 08/11/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	STAFFING PATTERNS	09/01/2005	Yes

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Survey ID: 0091620 End Date: 10/07/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005271 Served 12/05/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	07/23/2004	Yes
83.11(3)(a)	RESPONSIBILITIES	07/23/2004	Yes
83.13(2)(b)	AT LEAST 18 YEARS OLD	07/23/2004	Yes
83.13(5)(b)	POLICY AND TRAINING INFECTION CONTROL	07/23/2004	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	07/23/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/23/2004	Yes
83.15(1)(a)	STAFFING PATTERNS	07/23/2004	No
83.18(1)(d)3	PLAN OF CARE FOR TERMINALLY ILL	07/23/2004	Yes
83.18(4)	RETENTION	07/23/2004	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	07/23/2004	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	07/23/2004	Yes
83.21(4)(i)1	CONFIDENTIALITY	07/23/2004	Yes
83.21(4)(l)	CLOTHING AND POSSESSIONS	07/23/2004	Yes
83.21(4)(w)	SAFE ENVIRONMENT	07/23/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	07/23/2004	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	07/23/2004	Yes
83.33(2)	GENERAL SERVICES	07/23/2004	Yes
83.33(4)(a)	PERSONAL CARE	07/23/2004	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/23/2004	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	07/23/2004	Yes

Survey ID: 0091303 End Date: 08/29/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005252 Served 10/24/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(a)2	BEDROOMS ENCLOSED BY WALLS AND DOORS	07/23/2004	Yes

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/01/2006 SOD #10009535 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(h)
FORFEITURE---83.21(4)(m)
FORFEITURE---83.32(2)(a)5
FORFEITURE---83.33(2)(a)
FORFEITURE---83.33(2)(g)3

Date: 10/10/2005 SOD #10009463 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(7)(b)
FORFEITURE---83.32(2)(a)5
FORFEITURE---83.42(3)(f)

Date: 05/19/2005 SOD #10009403 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(p)

Date: 08/04/2004 SOD #10009310 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(a)

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date: 12/03/2003 SOD #10005271 Appealed: No

Sanctions

NO NEW ADMISSIONS
PROVIDE TRAINING
OTHER SANCTION
FORFEITURE---83.13(7)(a)9
FORFEITURE---83.14(1)(d)
FORFEITURE---83.15(1)(a)
FORFEITURE---83.21(4)(i)
FORFEITURE---83.21(4)(l)
FORFEITURE---83.21(4)(w)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)
FORFEITURE---83.33(4)(a)

Date: 10/22/2003 SOD #10005252 Appealed: No

Sanctions

OTHER SANCTION

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CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 03/21/2006

Date Investigation Completed: 04/04/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009535
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10009535
PROGRAM SERVICES	SUBSTANTIATED	10009535
QUALITY OF LIFE	SUBSTANTIATED	10009535

Date Complaint Received: 11/21/2005

Date Investigation Completed: 02/01/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	10009507

Date Complaint Received: 03/14/2005

Date Investigation Completed: 05/09/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	10009403
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 06/18/2004

Date Investigation Completed: 09/15/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009332

Date Complaint Received: 03/17/2004

Date Investigation Completed: 07/23/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	10009310
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Date Complaint Received: 09/12/2003

Date Investigation Completed: 10/07/2003

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10005271
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10005271
ADMINISTRATION	SUBSTANTIATED	10005271
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10005271
STAFF ADEQUACY	SUBSTANTIATED	10005271
PROGRAM SERVICES	SUBSTANTIATED	10005271

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